

PLACE OF BIRTH SUPPLEMENT ATTACHED

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 144

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 110

Local Registrar No. \_\_\_\_\_

No. 929 Miami Insp. Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Wilma Ann Tierney

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date

of birth Mar. 12 - 1927

Month Day Year

8.

FATHER

Full name

Edward Loyola Tierney

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona

10. Color or race

Cauc.11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

St. George,  
Indiana.

13. Occupation

Nature of industry

Teacher  
High School

14.

MOTHER

Full maiden name

Regia Irene Williams

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona.

16. Color or race

Cauc.17. Age at last birthday 31 (Years)

18. Birthplace (city or place)

(State or country)

Connersville,  
Indiana.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 2

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-

thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 5:50 A. m. on the date above stated\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Byron M. Brown, M.D.

(Physician or midwife).

Address

Miami, ArizonaGiven name added from  
a supplemental report

Month, day, year

Filed Mar 28, 1927

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

739-312-962